



State of Vermont

Department of Mental Health

Office of the Commissioner
108 Cherry Street, PO Box 70
Burlington, VT 05402-0070

<http://mentalhealth.vermont.gov>

[phone] 802-652-2002
[fax] 802-652-2036
[tty] 800-253-0191

Agency of Human Services

September 11, 2009

Mr. Glen Cordner
Chief Executive Officer
Springfield Medical Care Systems
25 Ridgewood Road
PO Box 2003
Springfield, VT 05156

Dear Mr. Cordner:

Thank-you for making a conceptual proposal in response to the RFP issued by the Department of Mental Health regarding acute psychiatric inpatient care. A review committee comprised of legislators, advocates, and mental health service providers, met this week and has requested additional information regarding Springfield Hospital's proposal. We ask that you respond to these questions by close of business on Friday, September 18th.

The review committee requested that I convey their appreciation of this proposal and their regard for the current service at the Windham Center.

Additional information is requested on the following:

1. The proposal is for a new level of care - how can you provide the resources to staff the proposed inpatient program?
2. Would you be willing to partner with Dartmouth on this project?
3. Is the inpatient proposal contingent on creating the crisis bed program? Would Springfield hospital be willing to operate the proposed inpatient program without the crisis beds?
4. How will the proposed program provide access to ECT?
5. Does adding ten crisis beds impact the critical access designation?
6. The proposal calls for re-tooling the existing program into VSH-replacement care. Please describe the impact of the loss of ten general psychiatric hospital beds on the local and statewide system of care.
7. How would this change your focus of care? Will this reduce your co-occurring capability?

8. Would the proposed 10-bed crisis stabilization program sufficiently replace the general psychiatry beds? Please provide more information about the justification for adding ten crisis beds to the system of care.
9. Please describe in more detail how security issues would be addressed.
10. Can a 10-bed program for this level of intensive inpatient care be viable?
11. Given the legal requirement that care be provided in the least restrictive environment, as well as the State's policy of favoring voluntary care whenever possible, and the fact that the proposed program is specifically a high acuity, involuntary, and high security setting, how would the proposer ensure access to less restrictive and /or voluntary inpatient care when appropriate? No less restrictive unit would be available at the Windham Center.
12. Can you provide an on-site facility for court hearings?
13. What would do differently from current practice to manage higher acuity and zero- reject admission policy in the proposed program?
14. What community resources and or step-down services are needed for this program to succeed? Please respond both in the context of your immediate community and statewide.
15. Please specify how you would meet the full psychiatric needs of patients with complex and difficult medical conditions (e.g. the importance of program milieu and how that could be met at Springfield Hospital).
16. How would the inpatient service manage different patient needs and groups (gender, acuity, diagnosis, behavior) within the proposed program?
17. How do you see this proposed program as part of the larger system to insure that every patient has a bed even if your program is at capacity?
18. How would the required renovations be capitalized?
19. Are there any statutory changes you feel would be necessary or important to the proposed program's success? (For instance, non-emergency involuntary medication, admission of court ordered evaluations without physician order and retain in hospital post physician recommendation?)
20. How do you define acute care and how would the needs of patients who may stay for long periods of time be met?
21. How would the intensive case management team be funded and would it operate state-wide (or is it a local resource)?

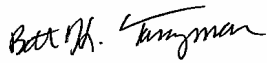
22. Is it realistic that one peer specialist per shift could meet the needs of highly acute patients?
23. What will you require for medical clearance prior to admission and can you be flexible especially if a patient is refusing medical care or evaluation?
24. Please clarify - does each patient bedroom have a private bathroom?

Please direct the responses to my email (btanzman@vdh.state.vt.us).

I do appreciate that this is a very rapid response schedule and wish to thank-you in advance for the work the Springfield Hospital team will put into responding to these reviewer questions.

We look forward to receiving your responses.

Sincerely,



Beth Tanzman
Deputy Commissioner

BT/psp

cc: Michael Hartman
Jim Walsh
Janet Sherer